

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

REGISTRATION NO.
09630

APPLICANT/

FILING DATE
448
8-2-00

CLAIMS

NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	NO.	O.F.	NO.	O.F.	NO.	O.F.
1	1		1			
2	1		1			
3						
4						
(6)	1					
6						
(7)	1		1			
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL NO.	44					
TOTAL O.F.	14					
EPRIAM	8					

NO.	O.F.	NO.	O.F.	NO.	O.F.
61					
62					
63					
64					
65					
66					
67					
68					
69					
70					
71					
72					
73					
74					
75					
76					
77					
78					
79					
80					
81					
82					
83					
84					
85					
86					
87					
88					
89					
90					
91					
92					
93					
94					
95					
96					
97					
98					
99					
100					
TOTAL NO.	14				
TOTAL O.F.	14				
TOTAL	8				